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APPLICANTS

Dietrich Wilhelm Schacht, Koln, GERMANY;
 Mike Hannay, Wachtberg-Villiprott, GERMANY;
 Hans-Michael Wolff, Richard-Wagner-Strasse, GERMANY;

**** CONTINUING DATA *******

This appln claims benefit of 60/451,715 03/05/2003

KG

**** FOREIGN APPLICATIONS *******

EUROPEAN PATENT OFFICE (EPO) 02 016 864.7 07/30/2002

KG

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/23/2003

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 7	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>KG</i>		

ADDRESS

20529

TITLE

Transdermal delivery system

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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